

NOV 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
2
CERTIFICATE OF DEATH

Do not use this space.

38153

1. PLACE OF DEATH

County Macdon
Township Lyda
City Adelberta (No. _____)Registration District No. 576
Primary Registration District No. 5700File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Mary Corrigan, Macdon
(OR) WIFE OF _____6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30 18737. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) June 1937 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macdon Co. Mo13. NAME Francis Macdon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Catherine Macdon16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Vance Macdon
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE Macdon Mo DATE Oct 29 193719. UNDERTAKER H. M. Gunning
(ADDRESS) Adelberta Mo20. FILED Nov 1 1937 Wm. McNeely
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 193722. I HEREBY CERTIFY, That I attended deceased from 6-5, 1937, to Oct-25, 1937.
I last saw him alive on Oct-25, 1937. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Aortic Stenosis Date of onset _____Other contributory causes of importance:
Mild degeneration with cholelithiasisName of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____(Signed) A. L. Cassin, M. D.
(Address) Adelberta Mo

